

female members of the family, coupled with most of the prominent features of the case before us, and from many trifling though important incidents which from defective memory I have omitted, I am inclined to consider it one of hysteria of an aggravated character, complicated probably with a morbid condition of the brain. I entertain hopes that, provided I can sufficiently nourish the body until the uterine organs are more fully developed, my patient may continue to be "*The Dead Alive*."

I am, Sir, your obedient servant,

RICHARD BIRD NASON, M.R.C.S., L.S.A.

Bridge-street, Nuneaton, December 14th, 1858.

### DIPHTHERIA.

[LETTER FROM JOSEPH STEPHENS, ESQ., M.R.C.S.]

To the Editor of THE LANCET.

SIR,—In discussing the subject of diphtheria within the limited space you can devote to its consideration, it is necessary that each of your correspondents should, when he has fairly expressed the results of his experience, retire from the field in favour of new-comers; the amassing of the opinions of the greatest possible number of observers being of paramount importance, that just conclusions may speedily be arrived at as to the nature of the disease and its appropriate treatment.

Having, however, had some four hundred diphtheritic patients under my care during the last two years, I am led again to address you, my primary reason being to correct an impression which has been, it appears, conveyed by my previously stating that I "have not been able to detect vesicles preceding the formation of the crusts," assumed to be characteristic of genuine fully-developed diphtheria.

Your correspondent in THE LANCET of the 11th inst., Mr. George, takes exception to this assertion; but on reference to the context of the passage, it will be found that I was merely questioning the accuracy of the herpetic theory of diphtheria. In short, I intended merely to convey my opinion that there is *essentially* no vesicular stage of diphtheria, and that *consequently* it cannot be a disease of *herpetic* character.

In many cases I have seen aphthæ, small and large, solitary and confluent, distributed over the pharynx, tonsils, palate, tongue, &c., and at all periods of the disease; sometimes preceding the formation of the false membrane, at others concomitant with it, and again as a sequel to its exfoliation; but never has it appeared to me that these vesicles, however minute and closely congregated they may have been, have been the parents of the crusts; indeed, in the great majority of cases which have fallen under my observation, I have been unable to detect any vesicular formation whatever.

Leaving at rest the question whether these vesicles (when they occur) are eczematous, or herpetic, or peculiar to the disease, I must reiterate my opinion, that diphtheria is *essentially* neither a vesicular disease nor a local one, but one dependent on a blood-poison, which seeks its elimination chiefly through the pharyngeal mucous membrane; and as our experience of this formidable disease enlarges, I shall not be surprised if lesions of other textures are produced by the determination of the poison to them. I have observed serious lesion of the sensitive and motor nerves which could scarcely be explained by the supposition of pressure being exerted by enlarged glands, and have read of similar cases. And, again, I have seen anasarca following diphtheria, when I have not been able to satisfy myself that it was masked scarlatina.

With the same constitutional symptoms, more or less marked, I have observed different local developments of the disease. I have noted three almost distinct sets of appearances presented by it. In the first there has been considerable enlargement of the tonsils, and tumefaction of the neighbouring parts, *without* any manifest exudation; in the second, there has been similar swelling, *with* exudation almost entirely confined to the tonsils, sometimes, however, *spreading* to the contiguous parts, and not unfrequently into the windpipe; and, in the third, a more or less continuous membrane has been exuded, so that one could scarcely say where it commenced over the whole of the interior of the mouth, pharynx, &c. I presume it is the last form which has given the name of diphtheria to the disease, for on opening the mouth of such a patient, it certainly does appear very much as if lined with chamois leather. Of this last form I will give a case:—

I was called, on the 31st of October last, to see E. W.—, a boy aged eight years, of somewhat spare habit and delicate

constitution, and found him labouring under diphtheria. He had been ailing for two or three days, having been weak and listless, with no appetite, and suffering from occasional attacks of vomiting. He had first complained of his throat on the morning of my visit. When I saw him, his general appearance and symptoms were, in short, those of adynamic fever. On inspecting the oral cavity, I found it lined throughout with a white tenacious membrane, which could be readily stripped from the subjacent textures. The tonsils were swollen, and covered in like manner. On removing the exudation, the mucous membrane presented a very red and glassy appearance, being perfectly smooth except in the tonsillar sulci. In from ten to twelve hours, however, it would be covered again as uniformly and thickly as ever.

In this case I watched narrowly the mode of formation of the crust, and could only observe that after awhile the red, glassy, mucous surface would become dimmed and gradually hidden by an opaque coating resembling that produced by the application of lunar caustic. With the naked eye I could detect nothing resembling a vesicle.

The exudation was removed twice a day by means of a sponge, and a solution of nitrate of silver (two drachms to one drachm of water) applied afterwards. The breathing frequently became croupy, but was relieved by the accession of cough and the expulsion of diphtheritic casts.

The general treatment consisted in the exhibition of chlorate of potass, hydrochloric acid, and tincture of cinchona, every three or four hours. Wine and beef-tea were given, I may say, almost constantly; and on one occasion, when the patient appeared *in extremis*, I adopted Dr. Kingsford's valuable suggestion, and administered them combined in an enema.

In imminent danger of death on the one hand by apnoea, and on the other by asthenia, the poor little fellow struggled on for nearly three weeks, when, in answer to our perseverance, signs of improvement began to appear; the tonsils, and with them the dysphagia, diminished, the exudation gradually ceased to be formed, the cough departed, appetite returned, and in about a week more I was able to hand him over to the ministrations of his mother, to whose previous indefatigability in carrying out my instructions I in great measure ascribe his recovery.

Since my last communication, two cases have occurred in my practice bearing strongly on the question of infection. In the one, a nurse, who attended a patient during only one night, at a distance of half a mile from her home, contracted the disease, and gave it to her family and neighbours; and in the other, a little girl was sent home some miles, labouring under diphtheria, and immediately the disease broke out and spread in the houses adjoining her home.

Having seen little of the literature of diphtheria but what has appeared in THE LANCET, I look forward with much expectation of profit and pleasure to the "Selected Memoirs on Diphtheria" to be issued very shortly by the New Sydenham Society; and shall be very glad, as a member, if the promised appearance of this opportune work should induce others to join our ranks.

I am, Sir, your obedient servant,

JOSEPH STEPHENS, M.R.C.S.E., &c.

Grampound, Cornwall, Dec. 1858.

P.S.—Since writing the above, I have evacuated a large abscess formed in a submaxillary gland, the result of diphtheria; the contents were chiefly fluid, holding in suspension a few of the curdy masses characteristic of glandular abscess. In this case I have resorted to nutritious enemata, the patient being unable to swallow. I fear, however, he will sink, as an abscess appears to be forming on the opposite side; and his strength, thus imperfectly recruited, will scarcely sustain the irritation and drain.

### SCARBOROUGH SANATORIUM.

[LETTER FROM DR. MORLEY ROOKE.]

To the Editor of THE LANCET.

SIR,—I had indicted, as you are aware, an answer at some length to the letter of Mr. Easton in your journal of the 27th ult., and intended it for insertion last Saturday; but having received an intimation from you that the pressure on your columns is such as to necessitate shorter communications from your correspondents, I will not attempt to meet more than one or two points, and will refer anyone interested in the controversy to the answer I have elsewhere and before given to the staple objections urged by Mr. Easton.

1st. I must beg to reiterate that I *did* raise my voice more